



## Smoke Detector Program

### Smoke Detector Installation Data Tracking Form

Date of Installation: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Region: \_\_\_\_\_

Parish: \_\_\_\_\_

Person receiving Smoke Detector:

Name (Print): \_\_\_\_\_

911 Address : \_\_\_\_\_  
(Print) \_\_\_\_\_

City \_\_\_\_\_ St: \_\_\_\_\_ Zip \_\_\_\_\_

Number of Children in the home: \_\_\_\_\_ Adults: \_\_\_\_\_

Fire Department/Agency: \_\_\_\_\_

Name of installer (Print) \_\_\_\_\_

Signature of Installer: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

I release all agencies and their representatives from any and all liability, claims or actions that may arise from injury or harm to myself, my dependent(s) or damage to my property, in connection with the installation of this smoke detector.

After installation, it shall be the responsibility of the recipient to maintain the smoke detector. The recipient understands that the State of Louisiana, The Louisiana State Fire Marshal's Office, the installer and the local fire department are not responsible for proper operation of these smoke detectors. The building owner and/or tenant is responsible for keeping the detector in proper operating condition, which includes periodic testing and regular replacement of batteries as recommended by the manufacturer.

\_\_\_\_\_  
Recipient Signature

\_\_\_\_\_  
Date

Office of the Louisiana State Fire Marshal  
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